

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**10/089147**

APPLICANT(S)

**CLAIMS**

	AN R1, R2		1st AMENDMENT		2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81								
2							82								
3							83								
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49															
50															
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	18						TOTAL DEP.								
TOTAL CLAIMS	20						TOTAL CLAIMS								